PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

			5 5 5 5 5 1 1 1 5	011642380						
		CLAIMS	AS FILED - (Column 1)	(Colu	ART I (Column 2)		ENTITY	OR	OTHER SMALL	
FC	PR	NUM	IBER FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE
ВА	SIC FEE	7				**************************************	345.00	OR	4/4	690.00
то	TAL CLAIMS	17) minus 2	20= *		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3 minus	3 = *		X39=		OR	X78=	
MU	LTIPLE DEPEN	DENT CLAIM	1 PRESENT			.120		1 1	+260=	
* If	the difference	+130=		OR		/C.				
				TOTAL		OR	TOTAL	69000		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN	3	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
MEI	Independent	*	Minus	***	=	X39=		OR	X78=	
È	FIRST PRESEI	NTATION OF	MULTIPLE DEF	PENDENT CLAIM	1	+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1	l)	(Column 2)	(Column 3)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN	3 2 3 3	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
Ė	FIRST PRESE	N I A I I ON OF	MULTIPLE DEI	+130=		OR	+260=			
Ī						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column	1)	(Column 2)	(Column 3)	•		_		
AMENDMENT C		CLAIMS REMAININ AFTER AMENDME	Y 200	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAI	М		-	1		
	If the entry in colu	mn 1 is less th	an the entry in colu	umn 2, write "0" in c	column 3	+130=		OR	+260=	
**	If the "Highest Nu	mber Previous	ly Paid For" IN TH	IS SPACE is less the SPACE is	nan 20, enter "20.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
1				or Independent) is t		er found in the a	ppropriate bo	x in co	olumn 1.	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/645 886

Total Fee Calculation

Total Fee Calculation											
	Fee Code	Total # Claims	Number Extra	X	Fee	Fm =	Total				
	Sm_Lg.				Sa. Eaury	Lg. Eastry-					
Basic Filling Fee	201/101					690.00 =	680100				
Total Claims >20 .	203/103	-20 =		X							
اد كالمادة Claumi كا	202/102	; a		Х		=					
Multi Dep Claim Present	204/104										
Surcharge	205/105	. ' '				130,00 =	130,00				
English Translation	130				-		730,60				
TOTAL FEE CALCULA	<u>ATION</u>						820.0				
Fees due upon Eling ti	as applicatuos.			,							
Total Filing Fees Due	= 2	820,00		_		,	•				
Less Filing Fees Subm	ined - S	,		_			•				
BALANCE DUE	= 5	320,00		-							
Office of Isrial B	os			•							

FORM OPE-RAM-01 (Rev. 1297)